E. DRILLS

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Participation by FEMA Regional personnel as observers and evaluators for any drill is governed by the guidance on exercise evaluation priorities given in Task C.5 (Assign and Confirm Evaluators). A drill is defined in NUREG-0654 as a supervised instruction period aimed at testing, developing, and maintaining skills in a particular operation. A drill is often a component of an exercise and is supervised and evaluated by a qualified drill instructor. Each organization should conduct the following drills, in addition to biennial exercises, at the frequencies indicated below. States should continue to report in the "Annual Letter of Certification," on drills conducted during the year as described in Guidance Memorandum PR-1, Policy on NUREG-0654/FEMA-REP-1 and 44 CFR 350 Periodic Requirements.

1. **Communication Drills.** Three types of communication drills are addressed: (1) drills with State and local governments within the plume exposure pathway emergency planning zone are tested monthly; (2) drills with Federal emergency response organizations and State(s) within the ingestion pathway are tested at least once quarterly in conjunction with testing of the plume exposure pathway measures of the State plan, and (3) drills among the nuclear facility, State and local governments EOCs, and field assessment teams are tested at least once every year. Communication drills also include the aspect of understanding the content of messages.

2. **Radiological Monitoring Drills.** Requirements are set forth for two types of radiological monitoring drills: (1) drills related to the plume exposure pathway emergency planning zone are conducted at least annually and include provisions for communications and recordkeeping and (2) drills related to the ingestion exposure pathway emergency planning zone are conducted at least annually and include provision for communications and recordkeeping.

3. **Health Physics Drills.** Health Physics drills are conducted semiannually by State governments with Licensees to test response to and analysis of simulated elevated airborne and liquid samples and direct radiation measurements in the environment. The State drills can be conducted at any site.

4. **Medical Emergency Drills.** Periodic exercises are conducted to demonstrate and evaluate major portions of emergency response capabilities. In contrast, periodic drills are generally conducted to develop and reinforce specific skills. Medical emergency drills are

different in one respect from other types of drills in that FEMA evaluates all such drills. They are evaluated by FEMA because of the priority attributed to medical services functions as a significant part of the overall offsite response capabilities. The "medical" aspects of medical services functions refers to the detection and control of radioactive contamination and not to medical protocols per se.

Annual medical emergency drills may be demonstrated as part of biennial exercises or as separate drills. The following guidance is provided for the conduct and evaluation of medical emergency drills. While this guidance provided below is intended for drills, it also is applicable to the demonstration of medical services functions in exercises. Objectives 20 and 21 in the EEM should be used for documenting and evaluating medical services functions in both drills and exercises. The RAC Chair uses the data and information provided by the evaluators to classify each drill the same as for exercises, Deficiency, ARCA or ARFI.

Transportation. (1) Monitoring of simulated offsite individuals may be deferred to medical facilities by transportation providers when that such arrangements are documented in ORO emergency plans and the individual is assumed to be contaminated. Therefore, appropriate contamination control measures should be implemented. (2) Since the focus of medical emergency drills is radioactive contamination, non-specialized vehicles (e.g., cars) may be used in the drill instead of ambulances. (3) Demonstration of medical services capabilities may be conducted by transporting a simulated contaminated individual from a simulated accident site or from a reception center to a medical facility. It is recognized that reception care staff typically do not participate in drills. However, if the involved organizations wish to utilize this option, they may do so.

Medical facilities. (1) Each drill should include the participation of one or more medical facilities in accordance with the medical services arrangements in ORO plans. (2) The participating medical facility(ies) may be either the primary or backup facility, as designated in ORO emergency plans. (3) OROs should rotate the participation of the medical facilities from one year to another. (3) The participation of one medical doctor and one nurse in medical emergency drills who can perform the appropriate radiological monitoring and contamination control functions is sufficient.

Involvement of licensee personnel in drills. (1) Drills for OROs may be

demonstrated in conjunction with licensee medical emergency drills or separately. If the initial transportation phase of the drills are conducted onsite, then it is necessary to secure the voluntary cooperation of the participating licensee organizations. With the approval of licensee personnel and NRC Regional staff, FEMA evaluators may go onsite to evaluate the offsite portions of the drills. (2) While OROs may utilize licensee personnel for radiological monitoring and contamination control functions involved in both the transportation and medical facility phases of medical emergency drills, it is necessary that such arrangements be documented in ORO emergency plans and be supported by written agreements.

Extent of demonstration. One demonstration per organization (i.e., transportation and medical facility providers) is sufficient to fulfill medical emergency drill provisions. This is based on the assumption that the emergency planning and training procedures of the same organization will be similar regardless of the personnel involved.